

Out of Hours

The effect of cataracts and cataract surgery on Claude Monet

The French impressionist Claude Monet (1840–1926) is best remembered for the iconic paintings of his garden and water lily pond in Giverny (Figures 1 & 2). In his 60s, Monet started to develop bilateral age-related cataracts (or nuclear sclerosis), which would eventually affect his work dramatically. In 1913, Monet travelled to London to consult the German ophthalmologist Richard Liebreich, who had been appointed chair of ophthalmology at St Thomas' Hospital. Interestingly, Liebreich himself had a keen interest in art and had published an article on the effect of eye disease on the painters Turner and Mulready.^{1–3}

Liebreich prescribed new glasses and recommended cataract surgery for the right eye, but Monet refused. By 1914–1915, he began to struggle quite severely, complaining that 'colours no longer had the same intensity for me', that 'reds had begun to look muddy' and that 'my painting was getting more and more darkened'.⁴ To avoid choosing the wrong colours, Monet started to label his tubes of paint and keep a strict order on his palette. Glare from bright sunlight complicated things further forcing Monet to wear a big straw hat outside (Figure 3). His brush strokes became broader and his paintings, like his cataracts, more brunescent.

After Monet became increasingly despondent and less productive, Georges Clemenceau, former French prime minister and physician, urged his friend to consider cataract surgery. Frightened, however, by the fate of his fellow artists Honoré Daumier and Mary Cassatt, whose cataract operations had been unsuccessful, Monet

Figure 2. Author's Father on Monet's bridge in Giverny in 2004.

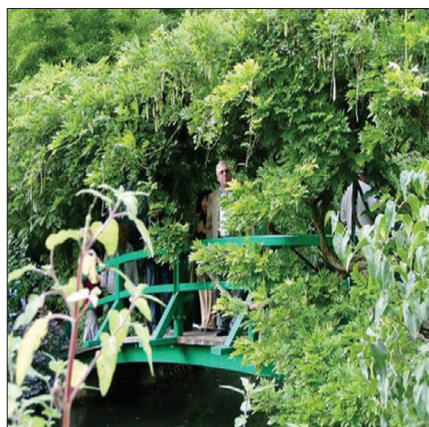


Figure 1. Claude-Oscar Monet. The Water-Lily Pond 1899 © National Gallery, London.

was adamant to avoid surgery at all costs. He argued that:

*'I prefer to make the most of my poor sight, and even give up painting if necessary, but at least be able to see a little of these things that I love.'*⁵

In 1922, Monet consulted another ophthalmologist, Charles Coutela, who recorded a visual acuity of PL (light perception only) on the right, and 6/60 on the left.⁶ As Monet was still reluctant to undergo surgery, Coutela prescribed mydriatics in the hope of allowing more light to pass through his cataractous lens. Before a week was up, Monet wrote enthusiastically to Coutela:

*'It is all simply marvellous. I have not seen so well for a long time, so much so that I regret not having seen you sooner. The drops have permitted me to paint good things rather than the bad paintings which I had persisted in making when seeing nothing but fog.'*⁶

The positive effect of the drops was, not surprisingly, short-lived. Monet finally agreed to surgery to his right eye, which, in a two-stage procedure (partial iris removal followed by lens extraction), was subsequently carried out in early 1923. Having to lie flat on his back with sandbags placed next to him to prevent any movement, Monet soon got fed up. Argumentative, impatient, and completely non-compliant with any instructions, he rendered the post-operative period a nightmare for himself and his surgeon. After a minor third procedure to incise the thickened posterior capsule, Monet wrote to Coutela:

*'It is to my great chagrin that I regret having had this fatal operation. Pardon me for speaking so frankly and let me tell you that it is criminal to have put me in this situation.'*¹

Getting used to aphakic spectacles was another hurdle for Monet, who complained of cyanopsia (seeing everything with a bluish



Figure 3. Germaine Hoschedé, Lili Butler, Mme Joseph Durand-Ruel, Georges Durand-Ruel, Claude Monet at the water lily pond in Giverny, 1900. Photograph. Archives Durand-Ruel. Archives Durand-Ruel © Durand-Ruel & Cie.

tint) and that objects curved abnormally with his new glasses.¹ In addition, now able to see the 'real' colours of his latest works he began to destroy canvases from his preoperative period. In 1924, yet another ophthalmologist, Jacques Mawas, was called in to supplant Coutela. After receiving the latest tinted Zeiss lenses Monet finally declared that 'Mawas' glasses [were] perfect.⁶ However, Monet's satisfaction, once again, did not last long, and in view of persisting cyanopsia, Mawas ended up covering Monet's left eye completely with a black lens, leading to a subjective improvement of symptoms.⁶ In 1925, having regained a right visual acuity

of 6/9 with the correction of +10.00/+4.00 x 90, Monet became more reconciled with the visual outcome and finally resumed work.¹ He retouched some of his preoperative works as far as friends and relatives allowed him. In addition, he finalised the *Grandes Décorations' of Waterlilies*, now housed in the Musée de l'Orangerie in Paris.

Monet's postoperative works are devoid of garish colours or coarse application and resemble his paintings from before 1914. The delicate colour schemes emphasising gentle blues and greens are consistent with the earlier pond and garden views. It is therefore unlikely that he had intentionally

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adopted the broader and more abstract style of his late paintings, reinforcing the argument that Monet's late works were the result of cataracts and not conscious experimentation with a more expressionistic style. Nonetheless, it is his late works, created under the influence of his cataracts, that link impressionism with modern abstract art.

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DOI: 10.3399/bjgp15X684949

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